

PART XLIX. EMERGENCY MEDICAL SERVICES
FOR CHILDREN PROGRAM

§1300.101. Short title

This Part shall be known and may be cited as the "Emergency Medical Services for Children Program".

Acts 1995, No. 1306, §1.

§1300.102. Legislative intent

The legislature finds and declares that:

(1) Traumatic injuries, such as automobile accidents, bicycle accidents, drownings, and poisonings, are the most common cause of death in children over the age of one, and children have a high death rate in these emergency situations.

(2) Children react differently than adults to stress, metabolize drugs differently, and suffer different illnesses and injuries. Because of these differences, children's emergency medical needs should be recognized.

(3) Emergency medical services training programs focus on adults and, therefore, offer fewer hours of pediatric training. In addition, many emergency medical services personnel have no clinical experience with children, indicating the need to improve training of these personnel in pediatric emergencies.

(4) It is the public policy of this state that children are entitled to comprehensive emergency medical services, including pre-hospital, hospital, and rehabilitative care.

Acts 1995, No. 1306, §1.

§1300.103. Definitions

As used in this Part:

(1) "Advanced life support" means an advanced level of pre-hospital, interhospital, and emergency service care which includes basic life support functions, cardiac monitoring, cardiac defibrillation, telemetered electrocardiography, administration of antiarrhythmic agents, intravenous therapy, administration of specific medications, drugs and solutions, use of adjunctive ventilation devices, trauma care, and other techniques and procedures authorized in writing by the secretary pursuant to department regulations.

(2) "Advisory council" means the Emergency Medical Services for Children Advisory Council.

(3) "Basic life support" means a basic level of pre-hospital care which includes patient stabilization, airway clearance, cardiopulmonary resuscitation, hemorrhage control, initial wound care and fracture stabilization, and other techniques and procedures authorized by the secretary.

(4) "Coordinator" means the person coordinating the EMSC program.

(5) "Department" means the Department of Health and Hospitals.

(6) "EMSC program" means the Emergency Medical Services for Children Program.

(7) "Emergency medical services personnel" means persons trained and certified or licensed to provide emergency medical care, whether on a paid or volunteer basis, as part of a basic life support or advanced life support pre-hospital emergency care service or in an emergency department or pediatric critical care or specialty unit in a licensed hospital. Nothing in this Paragraph shall be deemed or construed to expand the duties or functions of emergency medical services personnel as established by other provisions of law.

(8) "Pre-hospital care" means the provision of emergency medical care or transportation by trained and certified or licensed emergency medical services personnel at the scene of an emergency and while transporting sick or injured persons to a medical care facility or provider.

(9) "Secretary" means the secretary of the Department of Health and Hospitals.

Acts 1995, No. 1306, §1.

§1300.104. Emergency Medical Services for Children Program; establishment; administration; functions

A. There is established within the Department of Health and Hospitals, the Emergency Medical Services for Children Program.

B. The secretary shall hire a full-time coordinator for the EMSC program in consultation with, and by the recommendation of, the advisory council, who:

(1) Shall implement the EMSC program following consultation with, and at the recommendation of, the advisory council. The coordinator shall serve as a liaison to the advisory council.

(2) May employ professional, technical, research, and clerical staff as necessary within the limits of available appropriations.

(3) May solicit and accept grants of funds from the federal government and from other public and private sources.

C. The EMSC program shall include, but not be limited to, the establishment of the following:

(1) Initial and continuing education programs for emergency medical services personnel that include training in the emergency care of infants and children.

(2) Guidelines for referring children to the appropriate emergency treatment facility.

(3) Pediatric equipment guidelines for pre-hospital care.

(4) Guidelines for hospital-based emergency departments appropriate for pediatric care to assess, stabilize, and treat critically ill infants and children, either to resolve the problem or to prepare the child for transfer to a pediatric intensive care unit or a pediatric trauma center.

(5) Guidelines for pediatric intensive care units, pediatric trauma centers, and intermediate care units fully equipped and staffed by appropriately trained critical care pediatric physicians, surgeons, nurses, and therapists.

(6) An inter-hospital transfer system for critically ill or injured children.

(7) Pediatric rehabilitation units staffed by rehabilitation specialists and capable of providing any service required to assure maximum recovery from the physical, emotional, and cognitive effects of critical illness and severe trauma.

Acts 1995, No. 1306, §1.

§1300.105. Advisory council; appointment; terms of office; membership

A. There is created an Emergency Medical Services for Children Advisory Council to advise the department and the coordinator of the EMSC program on all matters concerning emergency medical services for children. The advisory council shall assist in the formulation of policy and regulations to effectuate the purposes of this Part.

B. The advisory council shall consist of a minimum of seventeen public members to be appointed by the governor, subject to confirmation by the Senate, for a term of three years. Membership of the advisory council shall include: one board certified pediatric surgeon, one practicing pediatrician, one pediatric critical care physician, one board certified pediatric emergency physician and one pediatric psychiatrist, one emergency physician, one emergency medical technician and one paramedic, one family practice physician, two registered emergency nurses, one person representing the nursing schools, one person representing vocational technical emergency medical services education, one administrator of an ambulance service company, and three members, each with a non-medical background, two of whom are parents with children under the age of eighteen.

C. Vacancies on the advisory council shall be filled for the unexpired term by appointment of the governor in the same manner as originally filled. The members of the advisory council shall serve without compensation but shall be reimbursed for necessary expenses incurred in the performance of their duties. The advisory council shall elect a chairperson, who may select from among the members a vice chairperson and other officers or subcommittees which are deemed necessary or appropriate. The council may further organize itself in any manner it deems appropriate and enact bylaws as deemed necessary to carry out the responsibilities of the council.

Acts 1995, No. 1306, §1.

§1300.106. Implementation; rules and regulations

The secretary shall, pursuant to the Administrative Procedure Act, adopt rules and regulations necessary to implement this Part.

Acts 1995, No. 1306, §1.

§1300.107. Costs

The cost of compliance with the requirements of this Part shall be provided for in the existing budget allocation for the department.

Acts 1995, No. 1306, §1.